

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Faith & Freedom Coalition Delaware Inc(b) Address (number and street) ☐ check if different than previously reported
811 Woodsdale Road(c) City, State and ZIP Code
Wilmington

DE 19809

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002091**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012

through

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012**(b) Communication Title** Your Voice Your Choice Your Family's Fut**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Mr Cronin R David

(b) Address (number and street)
4797 Holletts Corner Road

(c) City, State and ZIP Code

Clayton

DE 19938

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 18354.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mr. John R Radell

SIGNATURE

Mr. John R Radell

[Electronically Filed]

DATE

10/24/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.